

Monthly Operating Report System Type - All GW systems		System Information	
System Name: 		Treatment plant/pump station: 	
PWSID#: 		<div style="display: flex; justify-content: space-between;"> <div> Community System → <input type="checkbox"/> Non-transient Non-community → <input type="checkbox"/> Transient Non-Community → <input type="checkbox"/> </div> <div style="text-align: right;"> Select one <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> </div>	
Designated operator name and ME License #: 		List any new or changed system information (facilities, treatments, sources, operators, address, tele, ect.): 	
e-mail address: 			
Reporting period (month and year): 		List any operation problems or comments: 	
Signature: _____ Date: _____			

Daily water production						Chemical usage						Disinfectant Residual
Date	Mgals pumped	Peak hourly flow (GPM)	filt. or finish pH	Dis. log inactivation		1	2	3	4	5	6	
												mg/L
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
Summary												
	(total)	(avg.)	(avg.)	(min.)		(total)	(total)	(total)	(total)	(total)	(total)	(min.)

From table below:

List units: (i.e. lbs, gal)

Reporting dis. log inactivation is optional.

If only able to report monthly total, enter it on this line.

Chemicals Used
(report fluoride info on separate fluoride form)

Number	Chemical Name	Purpose	Chemical Strength
1			
2			
3			
4			
5			
6			
Disinfectant			

Summary of Total Coliform Bacteria Rule - please continue to submit complete results			
Number of routine samples taken		Number of repeat samples taken	
Number of positive samples		Average Chlorine residual at sites	